## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10 63/8/1

|  |  | CLAIMS AS                                 |                                     | (Column 1) (Column 2)                    |                   |                 | SMALL ENTITY TYPE |                        | OB      | OTHER THAN<br>OR SMALL ENTITY           |                        |
|--|--|---|-------------------------------------|--|-------------------|-----------------|-------------------|------------------------|---------|---|------------------------|
| TOTAL CLAIMS   |  |   | A                                   |  |                   |                 | RATE              | FEE                    | 1       | RATE                                    | FEE                    |
| FOR  |  |   | NUMBER FILED N                      |  | NUMBER E          | XTRA            | BASIC F           | <del></del>            | OR      | BASIC FEE                               | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20≈ *                         |  | d                 |                 | X\$ 9=            | :                      | OR      | X\$18=                                  | - <del> </del>         |
| INDEPENDENT CLAIMS   |  |   | . \ minus 3 = * }                   |  | д                 |                 | X42=              |                        | OR      | X84=                                    |                        |
| MU   | LTIPLE DEPEN   | DENT CLAIM P                              |                                     |  |                   | +140=           |                   | OR                     | +280≈   |   |                        |
| * If   | the difference   | in column 1 is                            | less than zero, enter "0" in column |  |                   | nn 2            | TOTA              |                        | OR      | TOTAL                                   | 750                    |
| CLAIMS AS AMENDED - PART II  |  |   |                                     |  | H ,               |                 |                   |                        |         | OTHER                                   | THAN                   |
|  | magnetic statement of the statement of t | (Column 1)                                |                                     | (Column                                  |                   | lumn 3)         | SMAL              | L ENTITY               | OR      | SMALL                                   | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FOI | R PF<br>SLY E     | ESENT<br>EXTRA  | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  |   | Minus                               | **                                       | =                 |                 | X\$ 9=            |                        | OR      | X\$18≃                                  |                        |
|  | Independent  | *<br>NTATION OF M                         | Minus                               | ***                                      | =                 |                 | X42=              |                        | OR      | X84=                                    |                        |
|  | rino i Pricoc  | MIATION OF IM                             | OCTIPLE DEF                         | EINÜENT OI                               | LAIM              | الـــاسلـ       | +140=             |                        | OR      | +280=                                   |                        |
|  |  |   |                                     |  | •                 | ·               | TOT.              |                        | OR      | TOTAL<br>ADDIT. FEE                     |                        |
|  |  | (Column 1)                                |                                     | (Column                                  | 2) (Co            | olumn 3)        | אסטוו. רי         |                        |         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ·                      |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FO  | R   PF<br>SLY   E | RESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                               | **                                       |                   |                 | X\$ 9=            |                        | OR      | X\$18=                                  |                        |
|  | Independent  | *   | Minus                               | ***                                      | <del> </del> =    | <del></del>     | X42=              |                        | OR      | X84=                                    |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                     |  |                   | <u></u>         | +140=             |                        | OR      | +280=                                   |                        |
|  | in the second se |   |                                     |  |                   | e e             | TOT.<br>ADDIT. FE |                        | OR      | TOTAL<br>ADDIT. FEE                     |                        |
|  |  | (Column 1)                                |                                     | (Column                                  |                   | olumň 3)        |                   |                        |         |   |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FO  | R PF              | RESENT          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                               | **                                       | =                 |                 | X\$ 9=            |                        | OR      | X\$18≃                                  |                        |
| AME  | Independent  | *   | Minus                               | ***                                      | =                 |                 | X42=              |                        | OR      | X84=                                    |                        |
| L  | FIRST PRESE  | NTATION OF M                              | OLTIPLE DE                          | PENDENT C                                | LAIM              |                 | +140=             |                        | OR      | +280=                                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                     |  |                   |                 |                   |                        |         |   |                        |
|  |  | imber Previously P                        |                                     |  |                   |                 | found in the      | annropriato be         | w in co | dumn 1                                  |                        |